



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation  
INSURANCE DIVISION  
1511 Pontiac Ave., Bldg. 69-2  
Cranston, RI 02920

TEL #: (401) 462-9520  
FAX #: (401) 462-9602

December 4, 2019

To: INDIVIDUAL(S) RESPONSIBLE FOR STATE FILINGS

From: Deb Almeida  
Senior Insurance Examiner

RE: Summary of Annual and Quarterly Filing Requirements for 2020,  
Property and Casualty Insurance (P&C) Companies  
(All companies filing on the NAIC P&C Annual Statement blank, and alien companies filing annual reports in other formats)

**Domestic and Foreign** P&C Companies should review the following attached pages:

- The NAIC's "General Instructions" for P&C Insurance Companies;
- The NAIC's "Property and Casualty Insurers Checklist", annotated for filing in R.I.;
- The R.I. Insurance Division's "Notes and Instructions"
- The R.I. Insurance Division's "Special Reporting Requirements" (most P&C Insurers need to respond to Special Report Requirements #1 through #7; Risk Retention Groups and Accredited and Approved Reinsurers may ignore this page); and
- The R.I. Insurance Division's "Contracted Producer Report" (Surplus Line companies, Risk Retention Groups, and Accredited and Approved Reinsurers may ignore this page).

**FOREIGN** P&C Companies are required to submit to the R.I. Insurance Division (or to the R.I. Division of Taxation for premium tax payments), on or before the due dates indicated, only those items listed in the Checklist, Section V - State Required Filings.

- Do NOT file a printed copy of the Annual Statement or Combined Statement;
- Premium Tax reports and payments are separate filings and should be sent to the Division of Taxation;
- R.I. Renewal Filing Fees and Assessments (including Retaliatory Assessments), due on 04/01/20, should NOT be included with the above filings; our invoice will be e-mailed to the company before 03/01/20.

**DOMESTIC** P&C Companies are required to submit the following items to the R.I. Insurance Division (or to the R.I. Division of Taxation for premium tax payments), on or before the dates indicated:

- **03/01/20:** A complete Annual Statement and a Protected Cell Annual Statement (if appropriate), on paper, and a Risk-Based Capital Report, with original signatures on Jurat Pages; a copy of the Checklist with Column 1 completed; and any NAIC Supplements or R.I.-Required Filings listed in
- Sections II or V of the Checklist as due on this date.

Send Premium Tax reports and payments to the Division of Taxation.

- **04/01/20:** Any NAIC Supplements, on paper; and any R.I.-Required Filings listed as due on this date, including payment of R.I. Filing Fees due as per our 03/01/20 invoice.
- **05/01/20:** A complete Combined Statement (if appropriate), with original signatures on the Jurat Page, on paper; and any NAIC Supplements or R.I.-Required Filings listed as due on this date.
- **05/15/20:** A Quarterly Statement, with original signatures on the Jurat Page, on paper; and any NAIC Supplements or R.I.-Required Filings listed as due on this date. This filing requirement repeats on **08/15/20** and **11/15/20**.
- **06/01/20:** Audited Financial Statements, on paper; and, if appropriate, a Credit Accident & Health report due on this date.
- **07/01/20:** As appropriate, any R.I.-Required Filings listed as due on this date.
- Each domestic P&C Company must also file electronically with the NAIC as part of the NAIC's total filing requirements.

Whether an alien, domestic or foreign P&C Company, please read "Notes and Instructions" before submitting any material. Thank you in advance for your cooperation. Feel free to contact me directly at (401) 462-9542 or [Debra.almeida@dbr.ri.gov](mailto:Debra.almeida@dbr.ri.gov). If you have any questions regarding these filing requirements.

# PROPERTY & CASUALTY INSURERS

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF: RHODE ISLAND** **Filings Made During the Year 2020**

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2" x 14")	1	EO	xxx	3/1	NAIC	Note G, H & L
	1.1	Printed Investment Schedule detail (Pages E01-E29)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	1	EO	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	
		<b>II. NAIC SUPPLEMENTS</b>						
	11	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	12	Actuarial Opinion	1	EO	xxx	3/1	Company	
	13	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	
	14	Bail Bond Supplement	1	EO	xxx	3/1	NAIC	
	15	Combined Insurance Expense Exhibit	1	EO	xxx	5/1	NAIC	
	16	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	1	EO	xxx	4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	19	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1	NAIC	
	20	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	EO	xxx	4/1	NAIC	
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	EO	xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	24	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	25	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	26	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	1	EO		3/1	NAIC	
	28	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	
	29	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	30	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	
	31	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	32	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	33	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	34	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	35	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	1	EO	xxx	4/1	NAIC	
	36	Supplemental Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	
	37	Supplemental Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	38	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	1	EO	xxx	3/1	NAIC	
	39	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	61	Annual Statement Electronic Filing	1	EO	xxx	3/1	NAIC	
	62	March .PDF Filing	1	EO	xxx	3/1	NAIC	Note O
	63	Risk-Based Capital Electronic Filing	1	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	1	EO	N/A	3/1	NAIC	Note O
	65	Combined Annual Statement Electronic Filing	1	EO	xxx	5/1	NAIC	
	66	Combined Annual Statement .PDF Filing	1	EO	xxx	5/1	NAIC	Note O
	67	Supplemental Electronic Filing	1	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	1	EO	xxx	4/1	NAIC	Note O
	69	Quarterly Statement Electronic Filing	1	EO	xxx	5/15, 8/15, 11/15	NAIC	

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
	70	Quarterly .PDF Filing	1	EO	xxx	5/15, 8/15, 11/15	NAIC	Note O
	71	June .PDF Filing	1	EO	xxx	6/1	NAIC	Note O
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A		Company	
		<b>V. STATE REQUIRED FILINGS***</b>						
	101	Certificate of Compliance	xxx	0	xxx		State	
	102	Certificate of Deposit	xxx	0	xxx		State	
	103	Corporate Governance Annual Disclosure***	1	0	xxx	6/1	Company	
	104	Filings Checklist (with Column 1 completed)	1	0	xxx	3/1	State	
	105	Form B-Holding Company Registration Statement	1	0	xxx	5/1	Company	
	106	Form F-Enterprise Risk Report ****	1	0	xxx	5/1	Company	
	107	ORSA *****	1	0	xxx		Company	
	108	Premium Tax	1	0	1	4/15	State	Note D
	109	State Filing Fees	1	0	1	4/1	State	Note C
	110	Signed Jurat	1	0	1	3/1	NAIC	Note G, H & L
	111	Contracted Insurance Producer Report (R.I.G.L. §27-2.4-4)	1	0	1	3/1	Company	
	112	Professional Liability Insurance Report (R.I.G.L. §42-14-2.1 (c))	1	0	1	3/1	Company	
	113	Credit Life/Accident & Health Filing (R.I. Ins. Reg. 9)	0	1	xxx	6/1	Company	
	114	Lead Liability Coverage Report (R.I. Ins. Reg. 101)	1	0	1	2/1	Company	
	115	Labor Rate Survey (R.I.G.L. §27-29-4.4 & R.I. Ins. Reg. 108)	1	0	1	9/1	Company	
	116	RI Premium Tax Reduction-Job Growth WS	1	0	1	4/1	Company	Note P

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

\*\*\*For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm).

\*\*\*\*For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm)

\*\*\*\*\*For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm)

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
	A	Required Filings Contact Person:	Deb Almeida <a href="mailto:Debra.Almeida@dbr.ri.gov">Debra.Almeida@dbr.ri.gov</a> (401) 462-9542
	B	Mailing Address:	R.I. Insurance Division 1511 Pontiac Avenue, Bldg. 69-2 Cranston, RI 02920
	C	Mailing Address for Filing Fees:	<b>Do NOT send fees prior to receipt of renewal invoice. Invoices will be sent by E-MAIL from the following address SBS@NAIC.ORG before March 1st;</b> payment is due April 1st. Mailing address is the same as that for Note B.
	D	Mailing Address for Premium Tax Payments:	R.I. Division of Taxation, Corporate Taxes Section 1 Capitol Hill Providence, RI 02908 Leo Lebeuf, Chief of Taxation E-mail: <a href="mailto:Leo.Lebeuf@tax.ri.gov">Leo.Lebeuf@tax.ri.gov</a> Phone: (401) 574-8983
	E	Delivery Instructions:	All items must be postmarked no later than the indicated due date. If that due date falls on a weekend or a holiday, then that due date is extended to the next business day.
	F	Late Filings:	Insurance companies will be fined \$100 per day for late filing pursuant to R.I.G.L. §27-12-1(c).
	G	Original Signatures:	<u>Domestic</u> insurers: Original signatures required for all filings. <u>Foreign</u> insurers: Facsimile signatures accepted as per the NAIC's "Annual Statement Instructions."
	H	Signature/Notarization/Certification:	The <b>CEO/President</b> and <b>Secretary/Legal Counsel</b> , are expected to sign the Jurat Page; those signatures must be notarized.
	I	Amended Filings:	Amended items should be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment.
	J	Exceptions from normal filings:	<u>Domestic</u> insurers: Extensions, when necessary, may be requested in accordance with R.I.G.L. §27-12-1(c). <u>Foreign</u> insurers: File copy of domestic extension approval.
	K	Bar Codes (State or NAIC):	Please follow the NAIC's "Annual Statement Instructions."
	L	Signed Jurat:	<u>Foreign</u> insurers must complete and file one printed copy for each company; do <b>NOT</b> file a printed copy of the annual statement.
	M	NONE Filings:	Please follow the NAIC's "Annual Statement Instructions."
	N	State of Rhode Island Information:	<u>Foreign</u> insurers: Pursuant to Rhode Island General Law §27-2-1.1, all insurers' doing business in RI are required to provide a toll-free number or to accept collect calls from RI Residents.
	O	Electronic Filing Requirements:	All annual, quarterly and supplemental filings in PDF format can be submitted electronically.
	P	RI Premium Tax Reduction-Job Growth Worksheet	RI Job Growth Worksheet filing – link is as follows: <a href="#">Instructions</a> and <a href="#">forms</a> .

## General Instructions For Companies to Use Checklist

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

### Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

### Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

### Column (3) (Required Filings)

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Risk-Based Capital .PDF Filing** is the .pdf file for risk-based capital data.

The **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The **Separate Accounts .PDF Filing** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplement .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Electronic Filing** includes the quarterly statement data.

The **Quarterly .PDF Filing** is the .pdf for quarterly statement data.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

#### **Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

#### **Column (5) (Due Date)**

Indicates the date on which the company must file the form.

#### **Column (6) (Form Source)**

This column contains one of three words: "NAIC," "State," or "Company." If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

#### **Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

DEPARTMENT OF BUSINESS REGULATION

INSURANCE DIVISION

1511 Pontiac Ave., Bldg 69-2

Cranston, RI 02920

<http://www.dbr.ri.gov/divisions/insurance/>

~ RHODE ISLAND SPECIAL REPORTING REQUIREMENTS 2020 ~

**RESPOND ACCORDINGLY**

**Fraternal Organizations #2 only**

**Life and Health Insurers #2**

**Property and Casualty Insurers #1, #2, #3 and #5 through #7**

**Surplus Line Insurers #3 and #7 only**

**Surplus Line Brokers #1 and #4 only**

**Self-Insured Entities #3 & #7 only**

INSURERS WHO DO NOT HAVE TO RESPOND:

**Risk Retention Groups**

**Accredited or Approved Reinsurers**

**INSTRUCTIONS FOR FILING EACH REPORT IS DETAILED BELOW**

Zero reports are NOT required to be filed, except for report #2.

- #1 Lead Liability Coverage Report** **Due February 1**  
[230-RICR-20-05-9](#) enumerates the filing requirements. Property and Casualty Insurers shall file reports on an individual company basis utilizing the respective form provided in [Insurance Bulletin 2018-11](#). Surplus Line Brokers shall file on an individual licensee basis utilizing the respective form provided in Exhibit B. Exhibit A and Exhibit B are form-fillable; when done completing, save a copy to your computer and then email the saved copy to [dbr.specialreports@dbr.ri.gov](mailto:dbr.specialreports@dbr.ri.gov). If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report.
- #2 Contracted Insurance Producer Report** **Due March 1**  
[230-RICR-20-50-5](#) requires each insurer doing business in Rhode Island to file this report with the Department and pay the applicable fee. The report and fee must be submitted via [OptIns](#). Filing instructions are found [here](#) on OptIns’ website. Please click [here](#) for FAQ’s. All individual producers appointed by an insurer must be included on the report. “Appointed” mean an insurance producer acting as an agent of an insurer. **“Insurer” is defined [HERE](#).** Payment of \$30 per producer is required for each producer to which \$100.00 or more was paid in commission for Rhode Island business during the prior calendar year. **NEW FOR REPORTS DUE IN 2020: To streamline this process, the Department created a spreadsheet template with the requirements for this report. PLEASE CLICK [HERE](#) FOR THE SPREADSHEET THAT MUST BE SUBMITTED WITH YOUR OPTINS FILING. The template can also be found when you log in to your OPTins account and accessed with the template manager within OPTins.** If you have any question, please send an email to [dbr.acpr@dbr.ri.gov](mailto:dbr.acpr@dbr.ri.gov).
- #3 Professional Liability Annual Report** **Due March 1**  
All entities, including self-insured entities, providing professional liability insurance coverage to licensed healthcare professionals or licensed healthcare facilities are required to submit annual reports. [R.I. Gen. Laws § 42-14-2.1\(c\)](#) enumerates the filing requirements. Reports must be submitted electronically to [dbr.specialreports@dbr.ri.gov](mailto:dbr.specialreports@dbr.ri.gov). There is no specific form required for this report. The Department suggests that the report be filed on company letterhead utilizing the guidance enumerated in the statute and/or Regulation. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report.
- #4 Surplus Line Broker Annual Report** **Due April 1**  
[R.I. Gen. Laws §27-3-38](#) (d) and [230-RICR-20-50-1](#) requires every licensed surplus line broker to report the total number of policies and premium issued in the preceding calendar year utilizing the annual report form provided in [Insurance Bulletin 2018-9](#). The annual report is form-fillable; when done completing, save a copy to your computer and then email the saved copy to [dbr.specialreports@dbr.ri.gov](mailto:dbr.specialreports@dbr.ri.gov). If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report. Do not send Form T-71A to the Department of Business Regulation. This form is required by the RI Division of Taxation and should be sent to that agency for proper reporting/filing.
- #5 Credit Life/Accident & Health Filing** **Due June 1**  
[230-RICR-20-60-1](#) Section 1.10 enumerates the filing requirements. **Effective in 2018**, to streamline and eliminate duplicate reporting, insurers subject to filing will only be required to file with the National Association of Insurance Commissioners (NAIC) Support and Services Office a report of consumer credit insurance written on a calendar year



basis. The report shall utilize the Credit Insurance Supplement—Annual Statement Blank as approved by the NAIC, and shall contain data separately for each state, rather than an allocation of the company's countrywide experience. The filing shall be made in accordance with and no later than the due date in the Instructions to the Annual Statement.

**Duplicate reporting to the commissioner is no longer required.**

**#6. Auto Body Labor Rate Survey Reports**

**Due Sept 1**

[R.I. Gen. Laws § 27-29-4.4](#) and [230-RICR-20-05-10](#), Section 10.7 (formerly Insurance Regulation 108), enumerate the filing requirements. Prior to May 1 the Department will publish a Bulletin on its website providing a list of those insurers and insurance groups determined by the Department to have  $\geq 1\%$  market share that are required to conduct a survey and submit the report to the Department by September 1. Insurers and insurance groups determined to have  $< 1\%$  market share may voluntarily conduct the survey and file the report by September 1<sup>st</sup>, or negotiate the payment of auto body labor rates with each licensed Full Collision Repair Auto Body Facility. Please visit the Department's website yearly to determine if your insurer is required to conduct the survey based upon market share. The Bulletin will also provide information for insurers with  $< 1\%$  market share. Insurers may submit reports on a group basis. For those licensees subject to filing with the Department, reports must be submitted electronically to [dbr.specialreports@dbr.ri.gov](mailto:dbr.specialreports@dbr.ri.gov). A hard copy is no longer required.

**#7. Professional Liability Claim Settlement Report**

**Due: See below**

Requires all entities, including self-insured entities, providing professional liability insurance coverage to licensed healthcare professionals or licensed healthcare facilities to report within thirty (30) days after notice of the claim, settlement, judgment or arbitration award. Please see [R.I. Gen. Law § 42-14-2.1\(a\)](#) for detailed reporting requirements. Reports must be submitted electronically to [dbr.specialreports@dbr.ri.gov](mailto:dbr.specialreports@dbr.ri.gov). There is no specific form required for this report. The Department suggests that the report be filed on company letterhead utilizing the guidance enumerated in the statute and/or Regulation. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a "none" report.

Repealed reports:

**The following reports are no longer required to be filed due to changes in RI statute and/or regulation:**

- Assigned Risk Plan Report (R.I. Gen. Laws § 31-33-8)
- Automobile Insurance Annual Report (R.I. Gen. Laws § 27-9-55 and Insurance Regulation 74)
- Liquor Liability Report (R.I. Gen. Laws § 3-14-14)
- Workers' Compensation Annual Report (R.I. Gen. Laws § 27-7.1-7.2 and Insurance Regulation 54)
- Workers' Compensation & Employers Liability Excess Profit Report (R.I. General Laws § 27-9-51)

To stay current on department updates, any person wishing to be included on the interested parties list should send an email request to [DBR.InsNotice@dbr.ri.gov](mailto:DBR.InsNotice@dbr.ri.gov).

**PLEASE FORWARD TO APPROPRIATE AREAS WITHIN YOUR COMPANY**